

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

42161

**1. PLACE OF DEATH**

County Barnett  
Township Barnett  
City St. Louis

Registration District No. 1781  
Primary Registration District No. 1781  
(No. Barnett St. Louis)

File No. 12029  
Registered No. 12029  
St. 6 Ward

**2. FULL NAME**

Edward H. (Hank) Leake

(a) Residence. No. 5238 Pauline Pl. St. Ward. 6  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Unk.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug. 28, 1871

**7. AGE**

60

**YEARS**

3

**MONTHS**

4

**DAYS**

If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.

Common Lab. Work

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Warrenton

Mo

**10. NAME OF FATHER**

Jacob Leake

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ohio

**12. MAIDEN NAME OF MOTHER**

Christina Ulmar

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Germany

**14. INFORMANT**

(Address) Richard L. Lielke  
5238 Pauline Pl.

**15. FILED**

-2-1931 May C. Tucker REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec. 2 1931

**17.**

I HEREBY CERTIFY. That I attended deceased from June 16 1931, to Dec 2 1931 that I last saw him alive on Dec 2 1931, and that death occurred, on the date stated above, at 6:45 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma Mediastinum  
(primary in lower lip)  
45A  
117B

**CONTRIBUTORY (SECONDARY)**

105A (duration) 2 yrs. - mos. - ds.

**18. WHERE WAS DISEASE CONTRACTED**

**IF NOT AT PLACE OF DEATH**

Tracheotomy DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9/26/31

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Histology + x-ray

(Signed) F. M. Helgeson, M. D.

12/2 1931 (Address) 3427 Washington Ave.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Warrenton Mo

**DATE OF BURIAL**

12 4 31

**20. UNDERTAKER**

Nieburg Und Co.

**ADDRESS**

Warrenton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

